He himself came to cultivate this method by noting the greater accuracy of the sense of touch than that of hearing in certain physical examinations. The method is as follows: The left middle finger is placed closely on the body, as in the usual finger percussion. The percussing hand is used in a different way from the usual one. The second, third, and fourth fingers are kept flexed at an angle of about 45°. From a distance of about 2 cm. the fingers are brought down on the left middle finger and kept there for a few seconds, after which the blow may be repeated. It is immaterial whether the percussing hand is moved from the wrist or elbow. The important points are that several fingers are to be used in percussing; that these fingers touch the plessimeter finger with the most sensitive part, or the tips, and that they are pressed against the parts examined. The perpendicular blow from the finger must therefore not be used. While percussing one must listen intently, as the sound produced is not loud. In fact, hearing is not essential, but the combined sensation of hearing and feeling is more complete than that of feeling alone. Like every other method, this requires a certain amount of practice. In the beginning it is useful to close the eyes, in order to notice fine points of difference. Palpatory percussion reveals most in connection with diseases of the lungs, pleura, spleen, and liver, and whereever, for any reason, strong percussion cannot be used, as in perityphlitis and cholelithiasis. It is also safer whenever there is risk of hæmoptysis. In the case of pleurisy with effusion the upper border will usually be found by this method two finger-breadths higher than the line of absolute dulness. An enlarged and inflamed gall-bladder can sometimes be made out by this method, when simple percussion would not be possible on account of the pain. The spleen is especially well demonstrated by palpatory percussion, although this may sometimes give uncertain results on account of distention of the stomach or intestines.

Baelz also advises a wider use of direct auscultation than is commonly practised, especially on account of the possibility of hearing more distant sounds and of distinguishing the relative distances of sounds, such as râles and friction sounds. He also claims that certain heart murmurs, especially the diastolic murmur of aortic insufficiency, can be heard better with the ear than through the stethoscope. In case of aneurismal murmurs, direct auscultation has the great advantage that the head applied to the chest is more sensitive to the thrill and impulse than the hand.

[Many of Baelz's suggestions have long been familiar in the United States —especially his remarks in regard to the value of finger percussion. It is doubtful whether palpatory percussion and direct percussion are used as much as they deserve. They have long been practised in the editor's clinic, but seem to be unfamiliar to many medical acquaintances.—G. D.]

Experimental Inorganic Heart-murmurs.—Talma (*Berliner klin. Wochenschrift*, 1898, No. 47) reports some interesting experiments made under his direction and published in full (in Dutch) by his pupil Van Dorsten. The experiments were made on dogs, by noting the points where murmurs were heard, putting needles into the body, and then opening the latter. Canulæ were introduced into a femoral artery for withdrawing blood, and into a femoral vein for injecting fluid at body temperature. These experiments

showed: 1. That oligæmia is rarely the cause of inorganic murmurs. 2. That hydræmia, especially hydræmic plethora, favors the production of murmurs, especially in the arterial cone of the right ventricle, but also in other parts of the latter, as also in the left ventricle and the arteries. 3. That quinine causes dilatation of the heart, with cardiac and arterial murmurs, like those of chlorosis. 4. That lowering of the frequency of systole—*i. e.*, distention of the ventricles—favors the development of systolic murmurs. 5. That increasing the force of systole increases or produces murmurs.

PEDIATRICS.

UNDER THE CHARGE OF

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Lumbar Puncture in the Child.—PFAUNDLER (70*te Versammlung deutscher Naturforscher u. Aerzte*, Dusseldorf, September, 1898; *Revue Mensuelle des Maladies de l'Enfance*, January, 1899) reports the results of 200 lumbar punctures made in the clinic of Escherich. In tuberculous meningitis he has succeeded in obtaining the bacillus during life in the unusually high proportion of 90 per cent. of his cases. In epidemic cerebro-spinal meningitis the organisms found were the diplococcus of Weichselbaum and the meningococcus of Heubner.

From a therapeutic view-point, lumbar puncture, he believes, gives relief in all cases in which intracerebral pressure menaces life. As a symptomatic treatment it is successful in the cephalalgia, hyperæsthesia, delirium, coma, and convulsions. As a directly causal treatment it succeeds sometimes in hydrocephalus. He also confirms its freedom from danger as an operation, which agrees with the testimony of most observers of the widest experience.

[In this connection, however, it is well not to forget the case reported by ROTCH and WENTWORTH (*Boston Medical and Surgical Journal*, December 12, 1895), in which immediately after the operation the child became restless, the pulse rose to 250 a minute, respiration was superficial, and the skin cool and slightly livid. The child subsequently recovered, and no information was obtained from analysis of the spinal fluid.]

Congenital Stenosis of the Pylorus.—PFAUNDLER (*Wiener klinische Wochenschrift*, 1898, No. 45, S. 1025) states that in the course of his researches upon the capacity of the stomach he has found in fresh cadavers of infants with healthy stomachs that the pylorus was sometimes in a state of persistent con-